

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-007066

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1215

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

P. L. Byers

BY AFFIDAVIT OF

|   |   |   |                              |
|---|---|---|------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON  |                              |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>KANSAS CITY  |   | Length of stay in 1b<br>2-DAYS  |                              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL  |   | d. STREET ADDRESS<br>SWEARINGEN ROAD  |                              |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>RUBY P. SWEARINGEN  |   | 4. DATE OF DEATH<br>Month Day Year<br>FEBRUARY 22 1963  |                              |
| 5. SEX<br>FEMALE  | 6. COLOR OR RACE<br>WHITE   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br>7/2/1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>AT HOME  |   | 11. BIRTHPLACE (City and state or country)<br>CLARKSVILLE, MISSOURI   |                              |
| 13a. FATHER'S NAME<br>BENJAMIN G. PATTON  |   | 13b. MOTHER'S MAIDEN NAME<br>ANNA W. CLIFFORD   |                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>NO   |   | 17. INFORMANT<br>Address<br>CLIFFORD D. SWEARINGEN YARMOUTH, MAINE  |                              |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pneumonia - bilateral</u>  |   | INTERVAL BETWEEN ONSET AND DEATH<br>72 hrs.   |                              |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Arteriosclerosis, generalized.</u>  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                              |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                              |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                              |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE  |                              |
| 21. I attended the deceased from <u>3-30-61</u> to <u>2-22-63</u> and last saw her alive on <u>2-22-63</u> .<br>Death occurred at <u>7:50 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22a. SIGNATURE<br>(Decease or title)<br><u>P. L. Byers M.D.</u>   |                              |
| 22b. ADDRESS<br><u>4320 Wadsworth Rd. K.C. 11, Mo</u>   |   | 22c. DATE SIGNED<br><u>2/23/63</u>  |                              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>CREMATION  |   | 23b. DATE<br>FEB. 24, 1963  |                              |
| 23c. NAME OF CEMETERY OR CREMATORY<br>D.W. NEWCOMER'S SONS  |   | 23d. LOCATION (City, town, or county)<br>KANSAS CITY, MISSOURI  |                              |
| 24. FUNERAL DIRECTOR<br>D.W. NEWCOMER'S SONS  |   | 25. DATE RECD. BY LOCAL REG.<br>2-24-63   |                              |
| 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u>   |   | 27. REGISTRAR'S SIGNATURE   |                              |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer.

Signed Herold C. Sterns

Licensed Embalmer No. 3035

P. O. Address Herold C. Sterns

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Philip Jackson, Bureau 1  
Lancaster 212 Medical College, Bldg. 4320 Marshall Road  
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